

Entered - 09/04/01 - sb
CL01L0531 - DIANNE C. MITCHELL

CLAIM OF: SHIRLEY E. PEEK
1500 Mims Street, SW
Atlanta, Georgia 30314

01- R-1528

For damages alleged to have been sustained as a result of a vehicular accident on July 28, 2001 at Venetian Drive, SW and Westmont Road, SW.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **SHIRLEY E. PEEK** the sum of **\$986.23** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on July 28, 2001 at Venetian Drive, SW and Westmont Road, SW. as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY:


ROBERT N. GODFREY
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0531

Date: September 13, 2001

Claimant /Victim SHIRLEY E. PEEK

BY: (Atty)(Ins. Co.)

Address: 1500 Mims Street, SW, Atlanta, Georgia 30314

Subrogation: Claim for Property damage \$ 986.23 Bodily Injury \$

Date of Notice: 08/15/01 Method: Written, proper X Improper

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 07/28/01 Place: Venetian Drive, SW and Westmont Road, SW

Department PRCA Division: Parks

Employee involved Willie F. Billingslea Disciplinary Action: Written Counseling

NATURE OF CLAIM: The driver of the City vehicle drove left of the center line, at an intersection, and collided with the claimant's vehicle causing damages in the above amount.

INVESTIGATION:

Statements: City employee Claimant Others Written Oral

Pictures X Diagrams Reports: Police X Dept Report X Other

Traffic citations issued: City Driver X Claimant Driver

Citation disposition: City Driver Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial

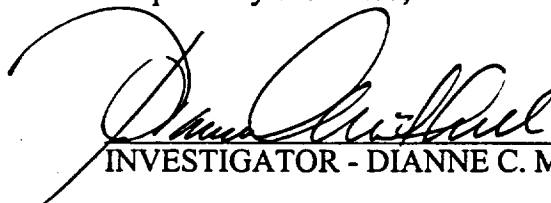
Improper Notice More than Six Months Other Damages reasonable X

City not involved Offer rejected Compromise settlement

Repair/replacement by Ins. Co. Repair/replacement by City Forces

Claimant Negligent City Negligent X Joint Claim Abandoned

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ 986.23 Adverse Account charged: 1A01 X 2J01 2H01

Claims Manager: Concur/date 09-13-01

Committee Action: Council Action

COUNCIL OF THE CITY OF ATLANTA
CLERK OF COUNCIL
City Hall
55 Trinity Street, S.W.
Atlanta, Georgia 30335

RECEIVED

AUG 15 2001

RE: CLAIM FOR DAMAGES

Today's Date: 7.28.01

MUNICIPAL CLERK

Dear Clerk of Council:

ENTERED - 9-4-01 - SB

01L0531 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and / or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 7 28 2001
(Month / Day / Year)
2. Police called: ✓
Yes No
3. Location of incident: Venetian Drive, S.W and Westmont Road, SW.
(Intersection)
4. Name of your insurance company: Interstate Indemnity Policy No. UPGA 9238
5. State what and how incident occurred: I was going east on Venetian Drive started turning left onto Westmont Rd. (Left Blinker was on) when I was hit by a City of Atlanta Truck. He was going around two cars. (My car and the car behind me.)
6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your Vehicle: Ford Escort 1993 906 ZFA Shirley Peek
(Make) (Year) (Tag number) (Driver's name)
City Vehicle: 1998 Chevy Crew Cab Willie Billingslea Parks Dept.
(Make) (City driver's name) (Department/Bureau)
8. Witness: _____
(Name) (Address) (Telephone number)
9. The acknowledgment of this claim in no way waives the Governmental immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Shirley E. Peek
(Claimant's name)
1500 Mims Street, S.W.
(Address)
Atlanta, Georgia 30314
(City and State)
(404) 865-8194 (404) 756-0536
(Work telephone) (Home telephone)

01-P-1528